INDEX OF SURGICAL PROGRESS.

BONES, JOINTS, ORTHOPÆDIC.

I. The Treatment of Advanced Conditions of Equino-varus. By R. SWAN (Dublin). When, says the author, the person afflicted with equino-varus has reached the age of ten years, either with early treatment and subsequent relapse, or without treatment, features are presented which preclude the hope of success being attended by tenotomy and extension. The tarsal bones are thickened, and the typical distortion is increased. The large adventitios bursa is dense, and includes in its base, the cuboid and the tarsal end of the fifth metatarsal bones, and may extend to a greater or less degree on the dorsum of the foot. In such case ablation of a portion of the tarsal bones is called for, provided an atrophied condition of the anterior part of the foot does not exist. The portion removed will consist o the anterior three-fourths of the cuboid bone, all the external cuneiform except its posterior part, the proximal extremities of the third, fourth and fifth metatarsal bones, and the apex of the wedge will consist of a portion of the middle cuneiform. Attention is drawn to the fact that after this operation the mobility of the foot will remain almost unimpaired. As the metatarsal bones have their epiphyses at the distal end, it is probable that the development of the foot would not be interfered with. The author had operated at the time of the reading of his paper, upon thirty-four selected cases since 1876.—*The Dublin Journal of Medical Science*, May, 1888.

H. PERCY DUNN (London).

II. Rare Fracture of Olecranon. By JORDAN LLOYD (Birmingham.) This was a specimen obtained by excising the elbow for an unreduced dislocation of 18 months standing. The olecranon was fractured from its upper end at its posterior surface downwards and forwards into the centre of the sigmoid notch. The fragment had been driven downwards and forwards so as to narrow the notch and mechanically prevent reduction of the humerus into the sigmoid cavity thus contracted.—*Brit. Med. Jour.*, March 17, 1888.

C. B. KEETLEY (London).

III. The Treatment of Club-Foot by Immediate Restoration of the Parts to their Normal Position after Tenotomy. By W. J. WALSHAM, F.R.C.S. (London). Discussion has lately taken place in the *Lancet* as to the best and safest method to be used in the cases of talipes; and Mr. Walsham, as surgeon to the orthopædic department at St. Bartholomew's Hospital, gives his experience. He originally employed the slow method, but was dissatisfied with the delay and difficulty in obtaining the expensive apparatus necessary for this method. By slow degrees he reduced the foot to a greater extent after the operation, and meeting with no untoward results, finally reduced the deformity immediately. His method is to divide the tendon; break down any adhesions by forcible but gentle wrenchings; close the puncture with a dossil of lint soaked in carbolic oil or iodoform gauze; carefully enclose the foot in a domett or cotton wool bandage according to the age of the patient, and secure it in Plaster-of-Paris. The plaster is left on for ten days or a fortnight unless any special reason is seen for removing it earlier. He claims for this operation the following advantages over the slow method. (1) Great saving of time, (2) the doing away with the necessity of an expensive extension apparatus. The disadvantages attending the rapid, but not applying to the immediate method are. (1) Considerable pain is often caused by the force which has to be employed in stretching the uniting material at each changing of the plaster, and (2) that in severe cases the reparative material cannot always be stretched sufficiently to overcome the deformity, and it is occasionally necessary to divide the tendon.—*Lancet*, May 19, 1888.

H. H. TAYLOR (London).

IV. Drainage of Joints Versus Excision. By BENJ. WAIN-